

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033295

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED SEP 4 1962

544

2476

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
KirkwoodLength of stay in 1b
19 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
St. Joseph HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Texas

b. COUNTY

Harris

c. CITY
OR TOWN
HoustonInside Limits
Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
1105 St. AgnesReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Wm. F. Truetzel

4. DATE
OF DEATH

Month

Day

Year

8/23/62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/3/1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Professor

10b. KIND OF BUSINESS OR INDUSTRY

Univ. of Texas

11. BIRTHPLACE (City and state or country)

St. Louis Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Frederick Truetzel

13b. MOTHER'S MAIDEN NAME

Anna Max

14. NAME OF HUSBAND OR WIFE

Adelia Truetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Adelia Truetzel, 1105 St. Agnes

Houston, Texas

INTERVAL BETWEEN
ONSET AND DEATH

20 days

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4 August 62 to 23 August 62 and last saw him alive on 23 August 62.
Death occurred at 12:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Joseph G. Ernst M.D.

22b. ADDRESS

325 N. Kirkwood Rd, Kirkwood, Mo.

22c. DATE SIGNED

24 Aug 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

8/27/62

23c. NAME OF CEMETERY OR CREMATORY

St. John Cemetery

23d. LOCATION (City, town, or county)

Ellisville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Schrader Funeral Home, Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.

8-25-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bogg

Licensed Embalmer No.

4584

P. O. Address

Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.